

# N020000000657

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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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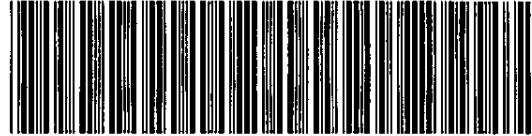
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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FEB 10 2014

APPROVED  
/ND  
FID

C. LEWIS  
FEB 12 2014  
EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Manatee-Sarasota Dental Hygienists' Association  
Name of Corporation

**DOCUMENT NUMBER:** N02000000657

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Shannon Jackson**

Name of Contact Person

**Manatee-Sarasota Dental Hygienists' Association**

Firm/Company

**P.O. Box 2116**

Address

**Sarasota, FL 34230**

City/State and Zip Code

**shanakn17@hotmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Shannon Jackson**

Name of Contact Person

at **941 720-4881**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Manatee-Sarasota Dental Hygienists' Association, Inc.  
2. The principal office address: \_\_\_\_\_

3. The mailing address (if different): P.O. Box 2116, Sarasota, FL 34230

4. Date of incorporation/qualification: 01/29/2002 Document number: N02000000657

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Kristina Camano  
2100 Webber Street  
Sarasota, FL 34239

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Shannon Jackson  
10711 55th Ct. E.  
Parrish, FL 34219

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Kristina Camano

Signature of an officer or director

Kristina Camano, Vice President

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Shannon Jackson

Signature of Registered Agent

January 10, 2014

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

14 FEB 10 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
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